

Printed Name: ___ Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

12 ACR 30 AN 9: 19

Please type or print legibly.

Instructions are included on back of application.

Burton C. Fri	iesz Bath and Kitchen Remodeling.
2. The true name(s) and <u>business</u> add business under the assumed business under the assumed business under the assumed business and the business and business and business and business and business are business and business a	Complete Address
3. The general type of business trans	acted under the assumed business name is:
	portation and Public Utilities
	truction
	culture Submit Cortificate of
☐ Manufacturing ☐ Minin	Assumed Business
☐ Finance, Insurance, and Rea	Name and \$25.00 fee to:
4. The name and address to which fu	ture Secretary of State
correspondence should be address	Jedielary of State
Burton C. Friesz	PO Box 83720
14046 W. Hartford Dr	Boise ID 83720-0080
Boise Id. 83713	200 007-2001
5. Name and address for this acknow copy is (if other than # 4 above):	rledgment
	
B + CL,	Secretary of State use only
signature: Durlo Truf	
rinted Name: Burton C. Friesz	
Capacity/Title: President	
Signature:	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE **05/01/2012 05:00** CK: 1384 CT: 269988 RH: 1322155 1 **2** 25.00 = 25.00 ASSUM NAME # 2

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